

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		2/3/00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	32	2/27
FORMALITY REVIEW	YC	2007	4-7-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ! Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	10/16/02
2	✓	✓	10/16/02
3	✓	✓	10/16/02
4	✓	✓	10/16/02
5	✓	✓	10/16/02
6	✓	✓	10/16/02
7	✓	✓	10/16/02
8	✓	✓	10/16/02
9	✓	✓	10/16/02
10	✓	✓	10/16/02
11	✓	✓	10/16/02
12	✓	✓	10/16/02
13	✓	✓	10/16/02
14	✓	✓	10/16/02
15	✓	✓	10/16/02
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47	✓	✓	10/16/02
48	✓	✓	10/16/02
49	✓	✓	10/16/02
50	✓	✓	10/16/02

Claim	Final	Original	Date
51	✓	✓	10/16/02
52	✓	✓	10/16/02
53	✓	✓	10/16/02
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100	✓	✓	10/16/02

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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